SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/019097 CLAIMS AFTER AFTER
1st AMENDMENT 2rd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. 3:3 !4 <u>!</u>5 :7 :9 :9 .1 AL TOTAL TOTAL DEP. CLAIMIL OH! omay be led for additional scales or anumbility POPULATION OF THE POPULATION OF THE PROPERTY OF THE PROPERTY OF THE POPULATION OF TH